

PRISONER GRIEVANCE

PART ONE

PRINT NAME	INSTITUTION/MODULE	Offender #	FSO LOG #	DIO LOG #
Trevor Stefano	G.C.C.C.	506410		ECC 12 177
INCIDENT DATE 11-19-12		TODAY'S DATE 11-21-12		
BEFORE YOU COMPLETE THIS FORM:		CIRCLE <input checked="" type="checkbox"/> Yes No <input checked="" type="checkbox"/> Yes No <input checked="" type="checkbox"/> Yes No		
1. Is this about an incident that is other than a disciplinary action or classification decision? 2. Did you first talk to the appropriate person to informally solve the incident? 3. Did you file a Request for Interview Form (cop-out) on this incident <u>and</u> receive a response?		If you said "NO" to <u>any</u> of these questions, the grievance may be screened and returned.		
INSTRUCTIONS:				
1. Limit this grievance to <u>ONE</u> incident. 2. Attach the completed Request for Interview Form copy <u>OR</u> describe HOW you attempted to solve it informally: a. WHO did you talk to? <u>SGT. Byrd</u> b. WHEN did you talk with him/her? <u>11-19-12 via cop out</u> c. WHAT were you told? <u>Rules are constantly changing.</u> 3. Attach up to two additional pages of narrative to describe the incident.				
AFFIRMATION and SIGNATURE:				
1. I affirm that this grievance is filed within 30 days of the incident or my knowledge of the incident. 2. I affirm the following statements are true and accurate and that I may be disciplined for providing false information pursuant to 22 AAC 05.400.				
PRISONER'S SIGNATURE:				
<p>On page 28 of the G.C.C.C. Prisoner Handbook it states that "Inmate telephones are available between 6AM and 10 pm Mon-Sun". However, the phones in the general population area are not being made available for inmate use until after 08:00 inspection. I requested that the phones, and televisions, be turned on at the times the Prisoner Handbook states they will be. I was told "The Handbook is being continually revised and these times will be reflected in the newer version". Inmates have a fundamental right that the rules and daily routine listed in the handbook are what they are to expect otherwise they're subject to discipline and restriction for violating rules they do not know exist. No memo or new Handbook has been made available to inmates reflecting these changes. Moreover, there are times of the week</p> <p><u>I REQUEST THE FOLLOWING RELIEF</u> (State the outcome you are seeking): G.C.C.C. to come into compliance with the rules of Prisoner Handbook and turn the phones on at 06:00.</p>				
I acknowledge receipt of this grievance and have issued the log number above for reference. Please refer to assigned log number with any inquiries about this grievance.				
DATE RECEIVED: 11/26/12		STANDARDS OFFICER'S SIGNATURE: <i>CPN</i>		

that I can only contact my family by telephone between the hours of 06:00 to 08:00.

Unless there is an immediate threat to the security of the facility arbitrary imposition of rules that have not been made known to prisoners by either a memorandum being issued or New Prisoner handbooks being issued creates an environment where prisoners are subject to disciplinary action for violating rules they do not know exist.

Please enforce rules that prisoners know are rules and listed in the Prisoner Handbook.

Constant doublestandards promulgates contentious living conditions.

Exhibit K
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INMATE COPY

STATE OF ALASKA

DEPARTMENT OF CORRECTIONS

PRISONER GRIEVANCE

PART TWO

PRISONER NAME	Offender #	FSO LOG #	DIO LOG #

INVESTIGATOR'S FINDINGS AND RECOMMENDATIONS:

See attached memo from Assistant Superintendent
it is also posted in your living unit.

INVESTIGATION: I met with grievant on _____ at _____ hours.

INVESTIGATOR'S
SIGNATURE:

C. Price

DATE: 11/26/12

FACILITY MANAGER'S FINDINGS AND DETERMINATION:

Concur with investigator's findings.

FACILITY MANAGER'S
SIGNATURE:

[Signature]

DATE: 11/28/12

PRISONER'S RESPONSE:

☐ I AM SATISFIED WITH THIS RESPONSE.

☐ I AM NOT SATISFIED WITH THIS RESPONSE,

BUT **DO NOT** WISH TO APPEAL.

☐ AND **DO INTEND** TO APPEAL TO THE Director of Institutions OR the Medical Advisory Committee.

I UNDERSTAND THAT MY COMPLETED STATEMENT OF APPEAL FORM MUST BE SUBMITTED TO THE
Facility Standards Officer WITHIN TWO WORKING DAYS OF THIS DATE.

PRISONER'S SIGNATURE:

DATE:

FORM DELIVERED TO PRISONER
BY OFFICER _____

(PRINT NAME/SIGNATURE)

(DATE/TIME)

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Distribution: Original to Prisoner's Case/Medical File
Facility Standards Officer
Prisoner

INMATE COPY

Form 808.03C
Rev. 10/06

Exhibit K
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Memorandum



State of Alaska

Department of Corrections Goose Creek Correctional Center

PO Box 877790
Wasilla, Alaska 99687
Phone (907) 864-8100 Fax. (907) 864-8428

To: Prisoner Population

From: Bernie Kohut 
Assistant Superintendent

Date: November 26, 2012

Subject: Interim Policy Change

This memorandum is to advise the prisoner population of a pending revision to the prisoner handbook.

Currently the prisoner handbook reflects that telephones will be turned on at 0600hrs (6.00am). The handbook will be amended upon its next printing to reflect that telephones will be turned on after the housing unit has passed the 0800hrs inspection.

This change is in effect immediately.

cc: All Staff

INMATE COPY

Exhibit K
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